

State of Idaho
DEPARTMENT OF INSURANCE

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IDAHO FILING CERTIFICATION

A full and complete explanation of your filing must be completed in the General Information Tab. Filings must be submitted to and approved by the domicile state prior to filing with the Idaho Department. Filing Status: Pending and/or not filed status without complete explanation will be disapproved. Failure to fully complete, sign and date this document will result in disapproval of your filing.

Date:		Company Name:				NAIC NO:		Effective Date:		
Company Address:					City:		State:		ZIP:	
Group/Bureau/Rating Org:					Member or Subscriber No:					
Product Type:					Product Name:		TOI		SUB-TOI:	
Filing Type	Form:		Rate:		Rate/Rule:		Prior SERFF Filing No.:		Date:	

Under Idaho Code § 41-1812, forms must be filed and certified to be in compliance with applicable sections of the Idaho Code. If the forms are later found to be in noncompliance with the Idaho code and rules of the Department, the director shall, in accordance with the Idaho administrative procedures act, prohibit the use of such forms and administrative penalties may be assessed. Insurers would have to correct the forms, retroactive to the date of first use.

CERTIFICATION OF COMPANY OFFICER: Filer certification must be signed and completed by an officer of the Company.

I, the undersigned, declare that I am an officer, or authorized representative of an officer, of the organization named above, and that I have the authority to bind that organization by my signature. I have reviewed the contents of this filing and all applicable sections of the Idaho Insurance code, rules, and bulletins. I certify that, to the best of my knowledge and belief, all documents contained herein comply with said code, rules, and bulletins, are in final printed format and all terms contained therein appear exactly as they will appear when offered for issuance or delivery in the State of Idaho.

Officer Name	Filer Name
Officer Signature	Filer Signature
Officer Email	Filer Email
Date	Date